GUIDE FOR THOSE GIVING REHABILITATION SERVICE TO THE BLIND

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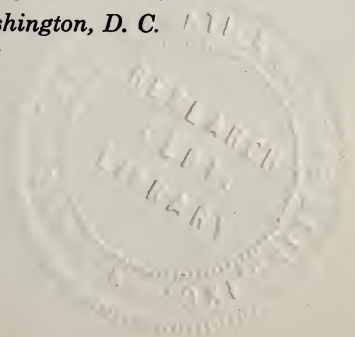
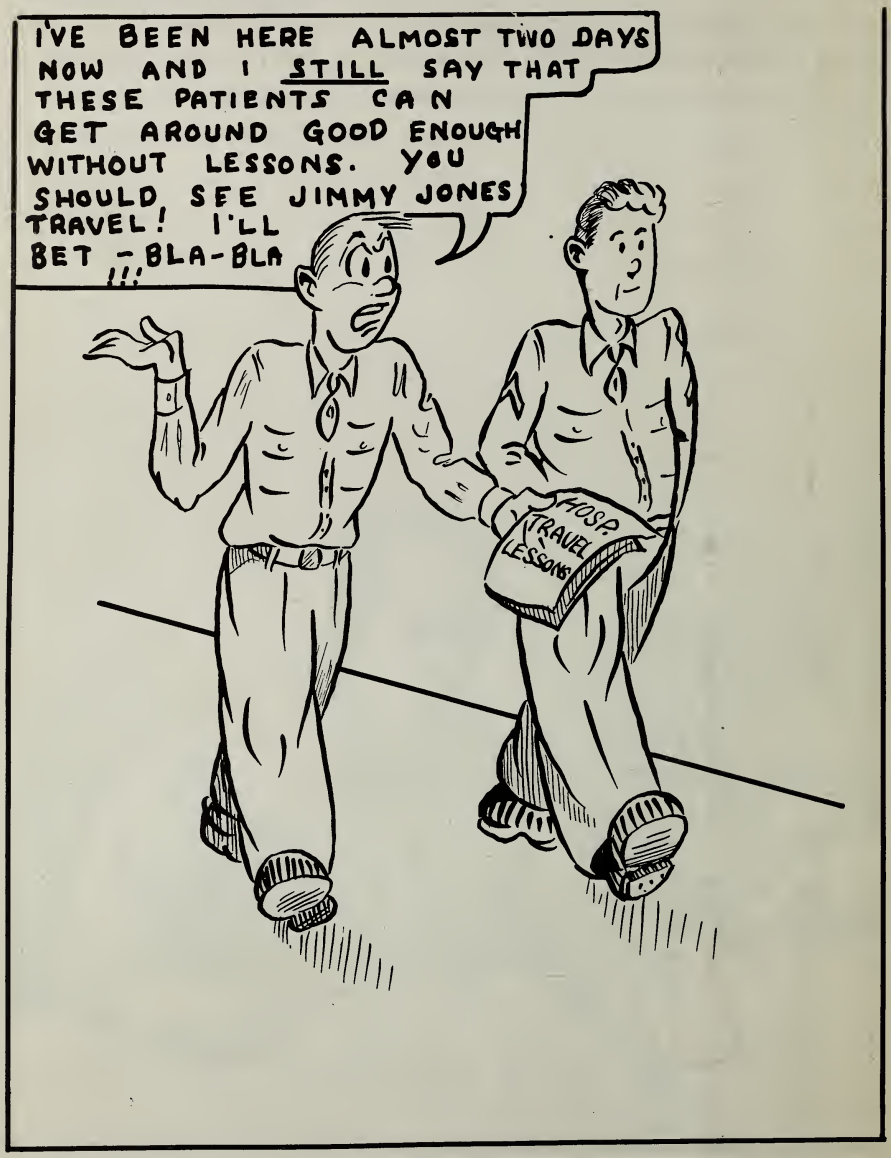


If you have thought what it must mean to be blind, you have doubtless considered how hard it must be to do everything without sight.

But perhaps you have also heard of or known someone who could not see and yet was able to live a useful life.

It is the aim of the Rehabilitation Service for the Blind to treat each patient in a manner that will give him a good start toward being such a person.

Hasty generalization is one of the most common faults of the human mind. After making the acquaintance of one patient, do not assume that all the others are just like him.



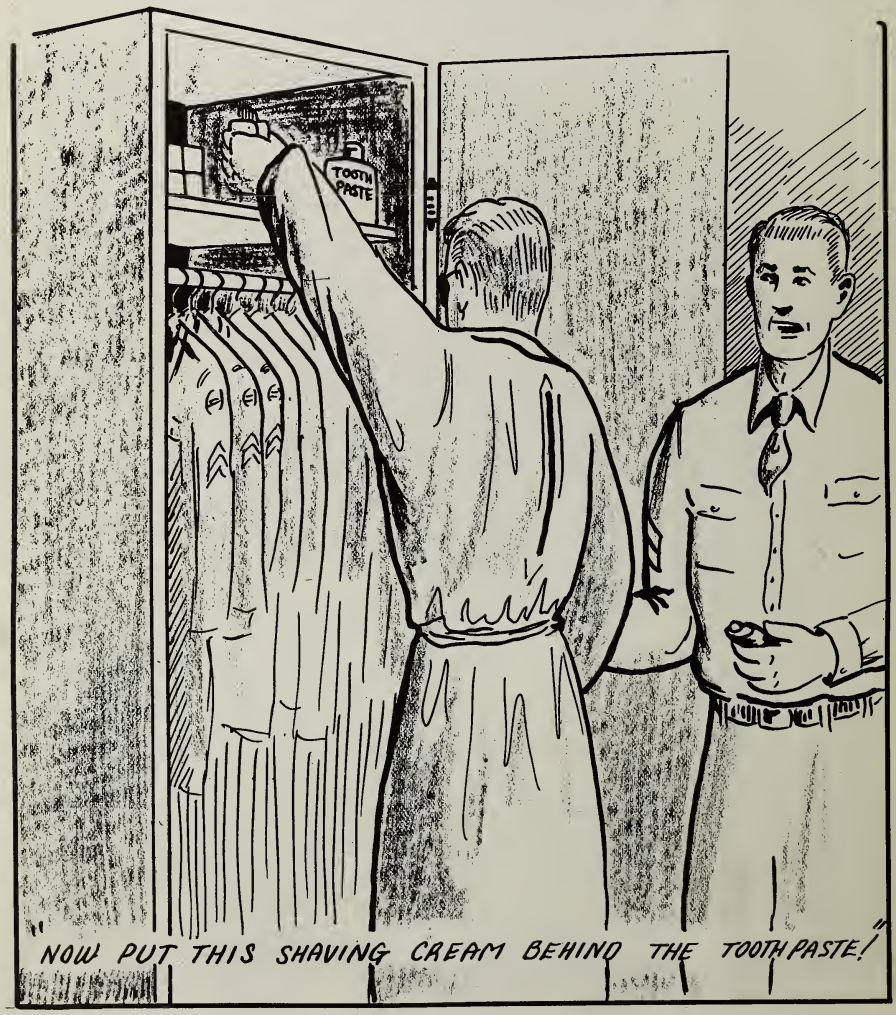
Part of your job is to find out what a patient wants that is constructive and help him to get it. In order to do this, you must know the patient. Never assume that you know more about him than he knows about himself. Always remember he did not lose his wits when he lost his sight, and, if you treat him as though he had, he may wrap his cane around your neck.

People have a tendency to shout at those who cannot see. Do not shout; on the other hand do not mumble your words. Speak distinctly. You know you are not doing this if the patient keeps asking you to repeat what you say.

Do not rush in where angels fear to tread. Be careful in talking on unexplored subjects. Do only what you feel qualified to do. The patient's medical condition, benefits from Veteran's Administration, methods of learning Braille and typing are explained to him by people detailed to know about these things. Especially avoid careless talk about "the wonderful things science is doing". A veteran who has lost his sight has taken care to look into this and, as a rule, knows better than you what his chances are.

The patient, whenever possible, will serve himself. There are certain circumstances under which this is not possible, particularly during the early days after his arrival when it would wear him out to do everything by touch. But nothing must ever be done for him because it is too much trouble to give him the necessary direction in doing it himself.

Give as much help as is needed, but only as much.



Being a good guide for a person without sight is like being a good accompanist on a piano. You should be as inconspicuous as possible. On a shopping expedition, a trip to the post office, or the post exchange; do not take over and run things. When a clerk speaks to the patient through you, refer the question to the patient. Generally this can be done by pausing and looking at him, at which point either the clerk will repeat the inquiry to the patient, or the patient will take over for himself.

If a patient is to be guided, the proper procedure is for the guide to ask the patient to take his arm. If it is necessary to make some slight movement to get out of the way or maneuver into position to sit down or get up, direct the patient in doing it. Do not shove him into position. Do not propel him by the elbow.

Do not take his hand and move it for him, unless it is necessary in teaching at which time preface the action by saying, "Let me show you."

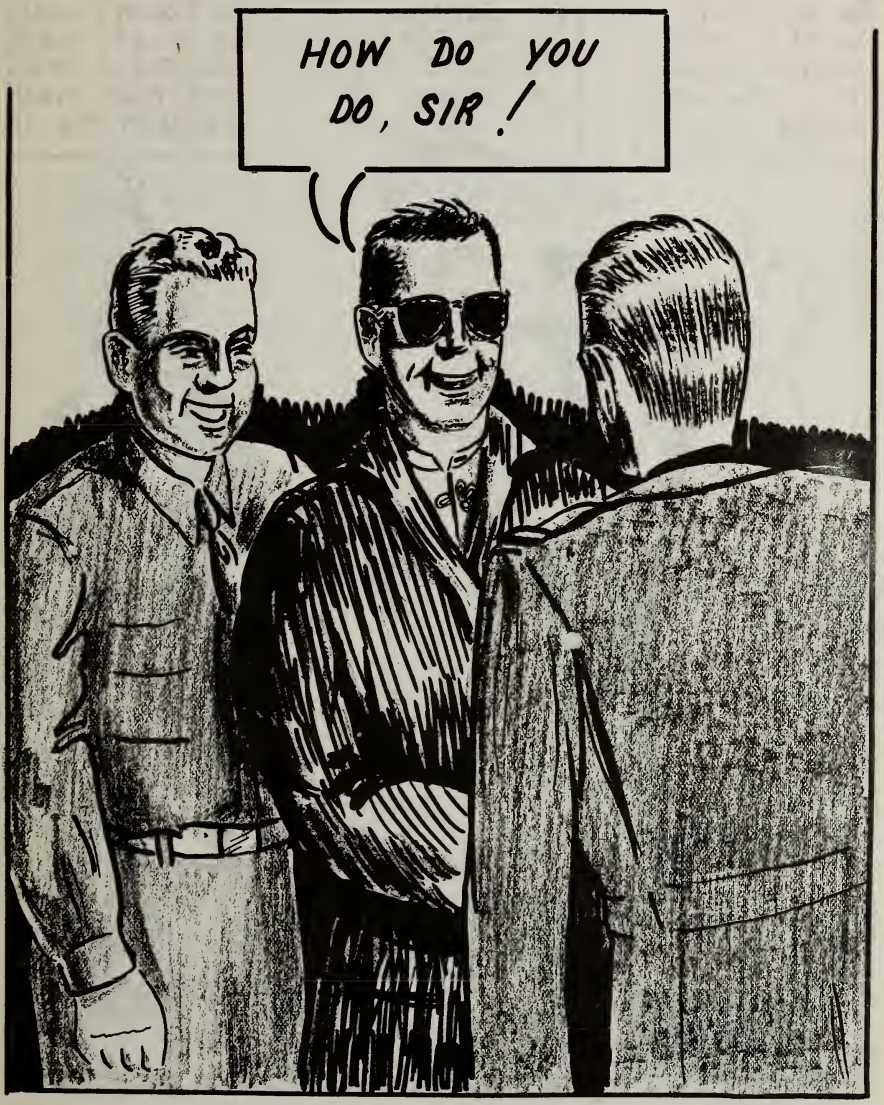
Picture carefully what move the patient is about to make in order that exact directions may be given. Be helpful by looking ahead and anticipating. Especially avoid mixing right and left. This is frequently done if you are not careful when you are facing him and causes much confusion.

Give an honest play by play account of what you are seeing, as desired or necessary. If you're going for a walk, without being too obvious about it, tell the patient what you see and let him picture it. If you see a blond, tell him about her in some detail. He will be able to visualize her from the blonds he has seen, and he will enjoy doing this.

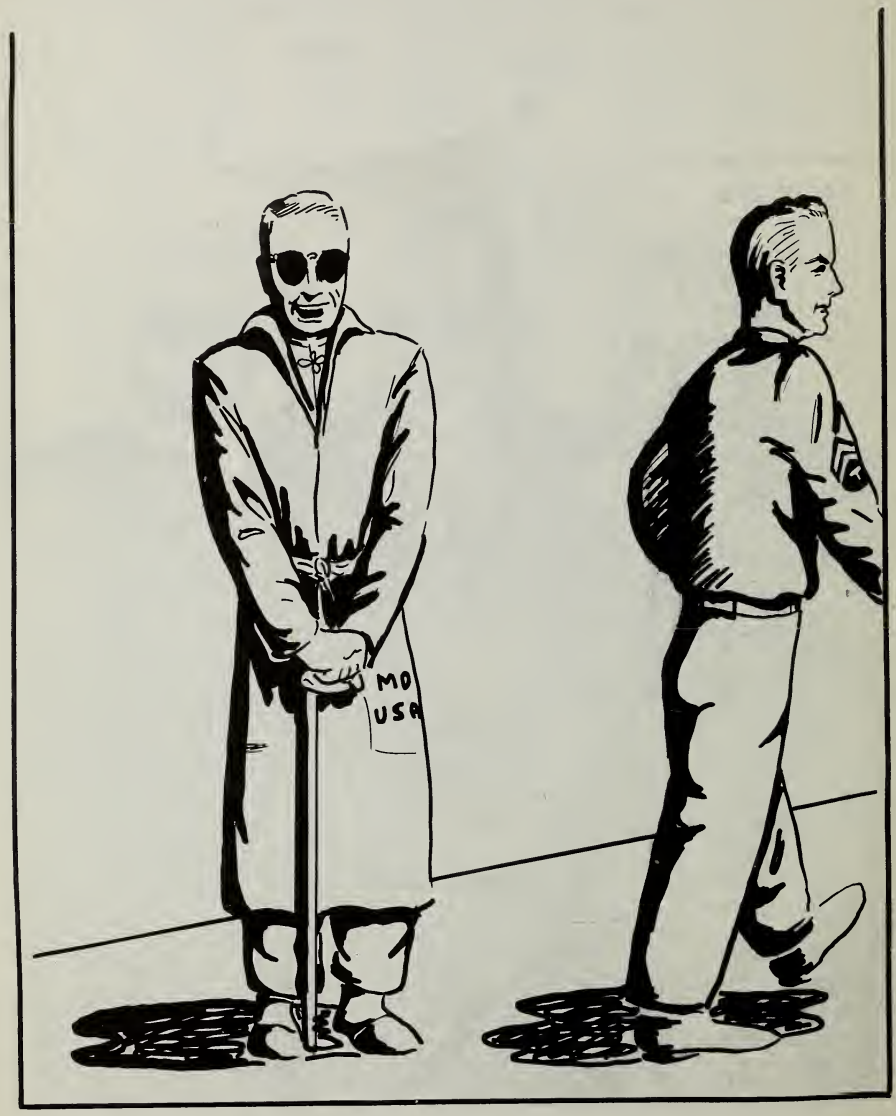
When you guide a patient into a place of public assembly, such as the P. X., be sure that he understands his location, especially if you leave him for a few moments. It is better under such circumstances to establish some point of contact, such as a counter, table, chair or wall.

Rarely is anything done well in confusion. Particularly in the case of people without sight this must be kept in mind. Pains must be taken at all times to avoid mixups, indecision and upheavals in plans.

The patient is capable of observing the same rules of courteous behavior as he always has. He should shake hands when meeting people, rise when women come into a room, etc.

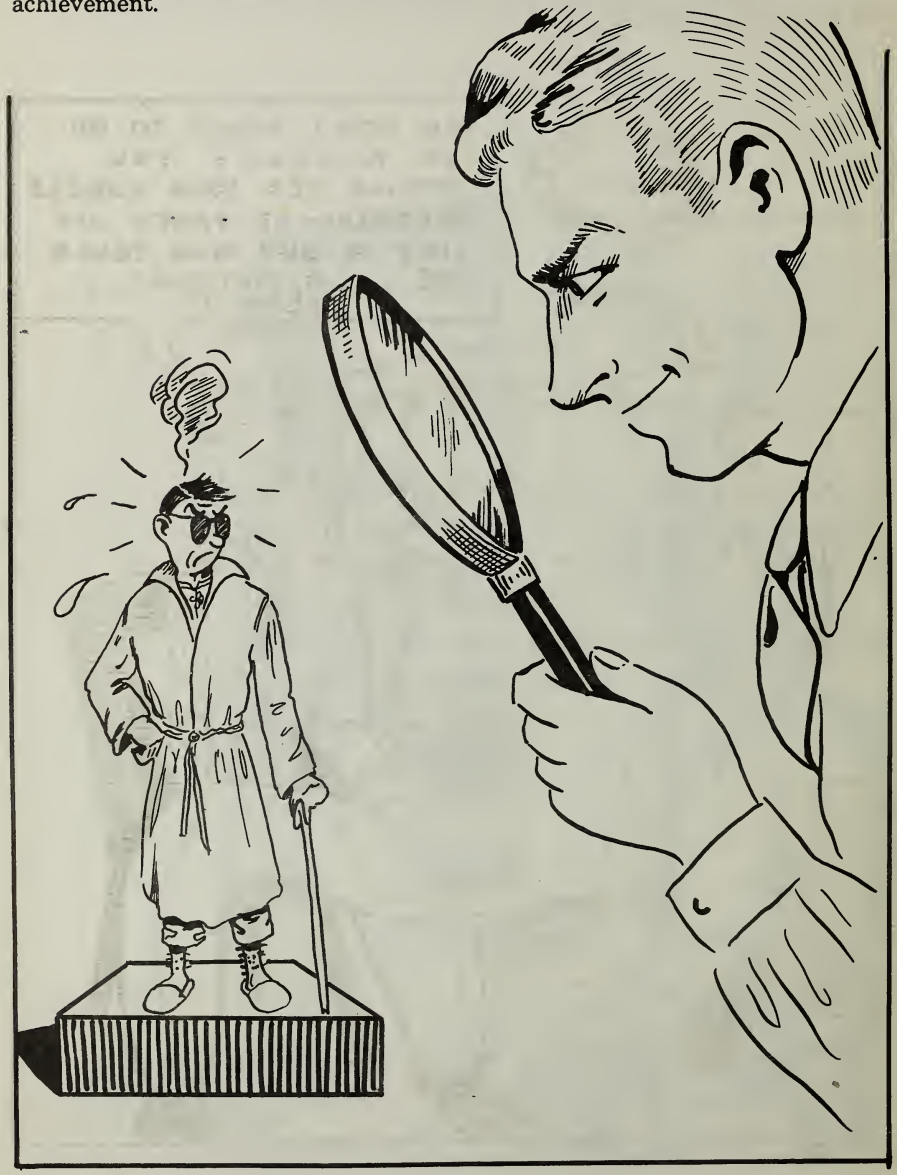


Make it clear when you are leaving a patient. Never leave him talking to you when you are not there. Tell him when you come back.



The expressions "over here," "over there" and "right there" should be used sparingly. Use instead, "Let me show you" to fill up the time lag until you can establish contact between the patient and some guiding object.

Never watch a patient's performance when it is obviously unnecessary. It increases his self-consciousness, as it would yours, and hampers his achievement.



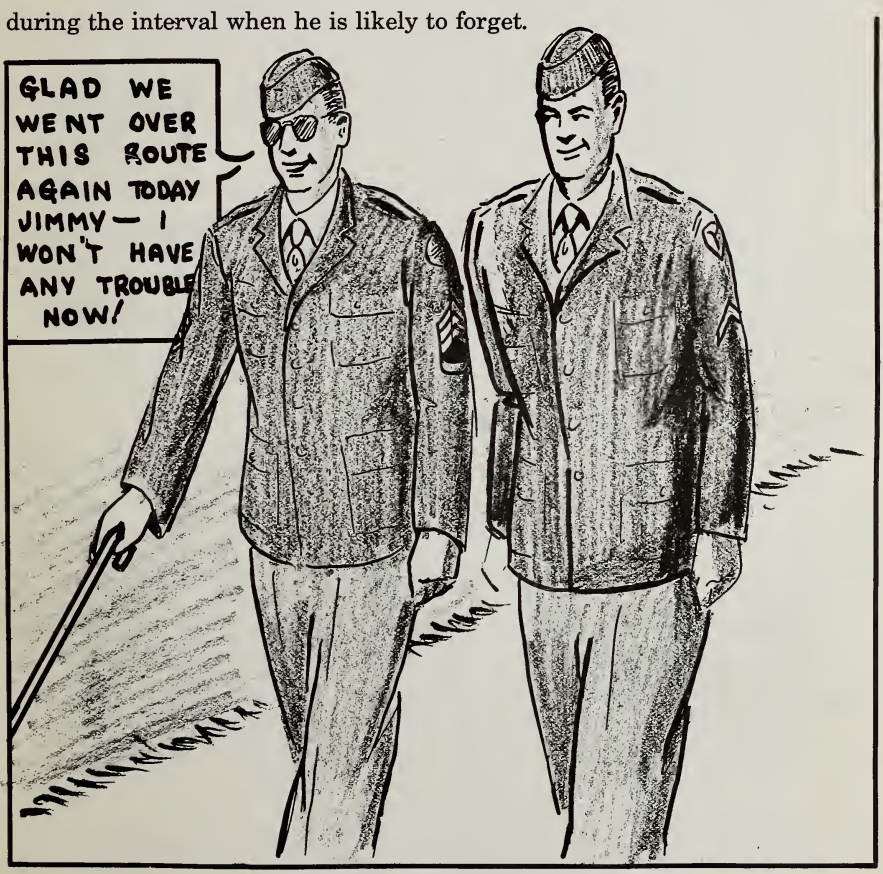
Be careful in offering examples of what the man across the aisle can do. *Let the patient find out for himself* about this in a natural way from general conversation. Never point it up and underline it in such a way that the patient will feel he is an ignoramus.

Articles will not disappear from a patient's reach by magic. If it is necessary to move his personal belongings, or some object which he uses regularly, tell him you are moving it and where you are putting it.

The patient will find it necessary to use his memory in accomplishing many small activities on which he used to use his eyes. In particular he will want to remember such things as telephone numbers and addresses, as well as the exact spot in which he has left his belongings.

It is unlikely that a bad memory can be improved, but most people can improve the use of their memories by a conscious effort to impress on themselves the importance of remembering certain things by associating ideas.

We have a tendency to forget more of what we have learned the first day after we have learned it than we do for the next month. Here you can help the patient by making a point of reviewing something you have shown him during the interval when he is likely to forget.



TRAVEL

Here are a few basic principles with regard to travel. They are of a general nature and must be supplemented by instruction, reading and practice.

When traveling inside, where there are numerous obstacles, the patient should use his arm for a bumper if he is not using a cane. Attention should be paid to sounds and to their interpretation, to the terrain through the soles of the shoes. A conscious effort should be made to employ muscular memory sense. The patient should be made aware of obstacle sensation, and a conscious effort should be made to develop it.

The cane, if used, should be held in some approved manner, not hit or miss, and should act as a bumper, not as a probe. Particular emphasis should be placed on being able to walk a straight line.

In traveling downtown, have the patient check the side of the walk along which it is easier for him to travel. He should walk with the pedestrian traffic, following the shore line which is safest and easiest.

Here again attention should be paid to sounds and their interpretation, to the terrain through the soles of the shoes. A conscious effort should be made to employ muscular memory sense. The patient should be made aware of obstacle sensation, and a conscious effort should be made to develop it.

Emphasis should be placed on being able to walk a straight line. Enough explanation and information should be given to the patient so that he has a satisfactory visual picture of the route he is traveling.

If a cane is used it should be the proper length and weight, so as to offer the most protection and help possible to the patient's travel.

Do not attempt to give lessons in travel until you are qualified by previous instruction.

In entering an automobile, a patient can engineer his own action if one hand is placed on the door handle and the other on the top. The situation is then familiar enough to suggest the whole picture to him.

If he becomes confused, further information can be given. Not more than one person should take over in a case like this.

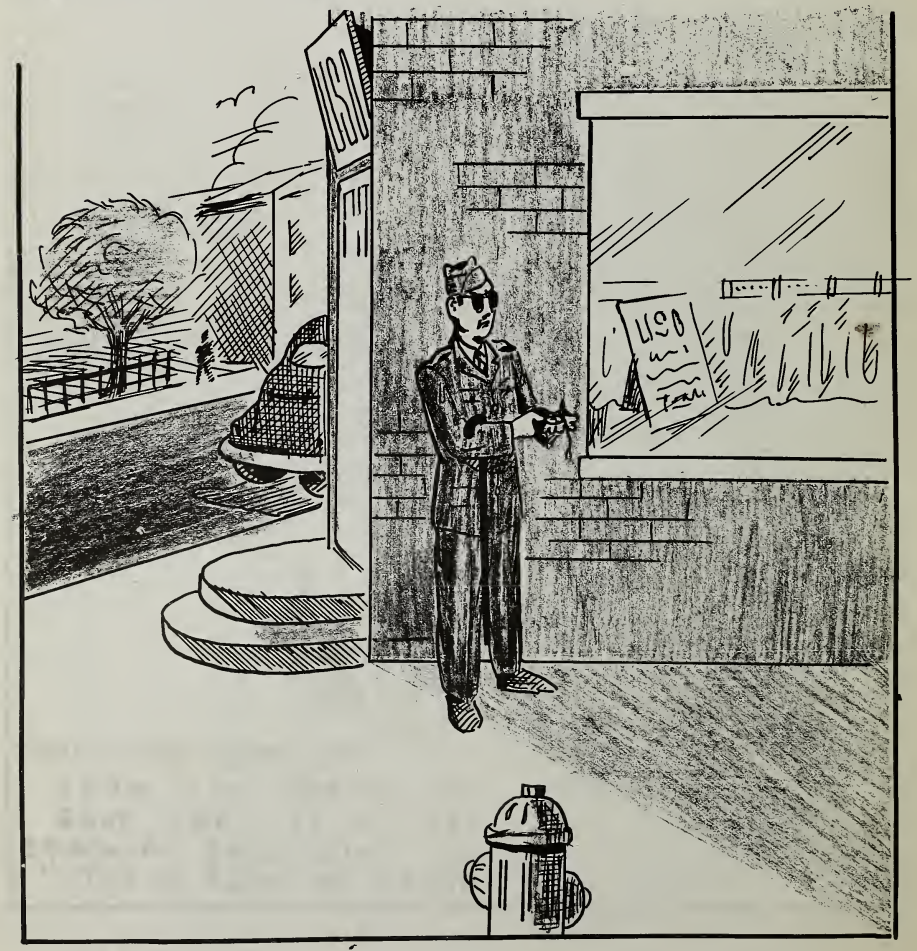
If he has a cane with him, before entering the car, it should be placed inside along the floor or on the seat. Otherwise it only impedes his progress as he gets in.

In a public place, where there is confusion, a patient needs more help than in familiar surroundings. Many of the little things he does for himself with ease in his own environment will be very difficult in a different place.

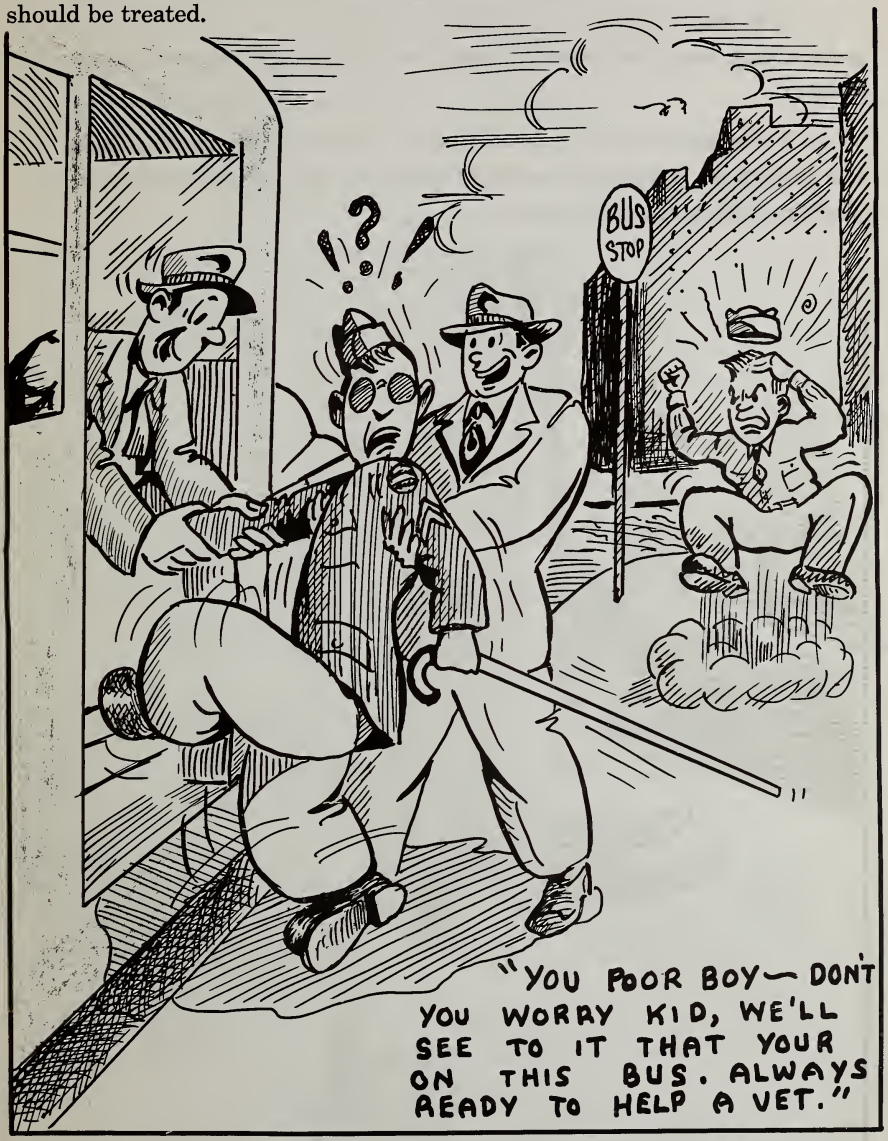
Frequent questions of people without sight are, "Where will I be able to find you?", "How will I get hold of you?", and, "Will you be there?"

It is very unpleasant for a patient who cannot see to be kept waiting, as he cannot scout for himself to see how matters are developing when there is delay.

Be definite in making appointments. Be prompt in meeting them. Give the patient an alternative course of action in case of an emergency which might prevent you meeting him.



Do not be too forward toward well-meaning people when they make mistakes in their relations with the patients. You cannot without embarrassment give a course on the spur of the moment in how people without sight should be treated.



EATING

Always tell the patient when you deliver the tray at his bed. Tell him also when you remove it, and do this as soon as possible after he has finished eating.

Tell the patient what is on his tray and where it is. Don't do this too fast. Give him time to visualize what is there.

For the new patient all food is to be served bite size, and whatever is not cut in this manner should be so cut by the person who serves the meal.

The plate should be turned so that starchy foods form a wall for slippery foods. Usually this means keeping the starchy food at the left or at the back of the plate.

For new patients, bread will be buttered and, as desired, sugar should be placed in the beverages; cereals from boxes should be placed in a bowl; the cereal should be sugared, cream put on it; food should be salted and peppered as desired.

Although patients are to receive such service as is indicated above on arriving, the aim is eventually to enable them to serve themselves.

Eating skillfully by touch consists mainly of doing things just as seeing people do, but taking pains and paying far more strict attention.

Certain tricks, common among people without sight, may be shown the patient, although to a large extent he will develop his own.

In acquiring his methods of serving himself by touch, he should begin with a simple operation that can be done almost as well without seeing. Examples: opening a cereal box or peeling a hard-boiled egg. From these he can proceed to more complicated operations which he is capable of performing less readily.

Suggestions with regard to doing these more complicated services for himself may be given not while he is eating, but in casual conversation between meals, which can then be followed by a practical demonstration later on.

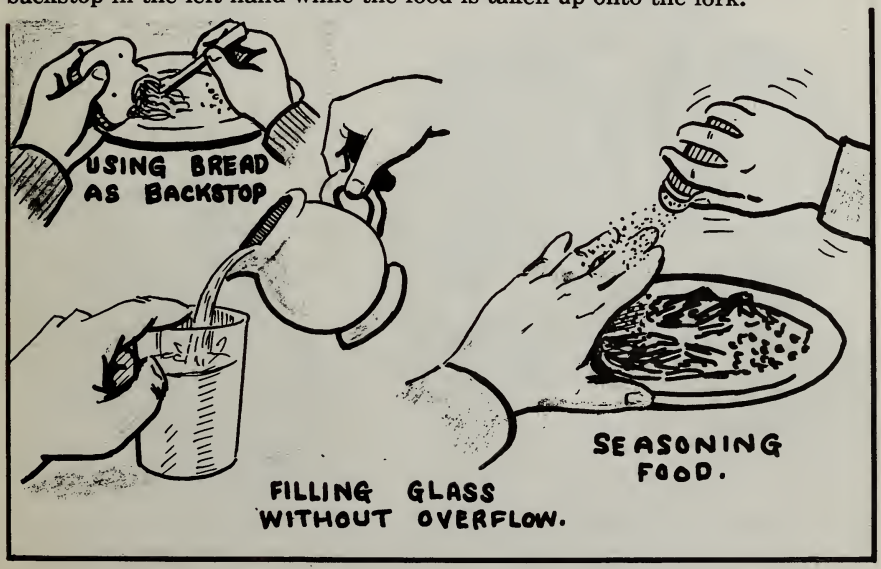
In sugaring food the patient will find it helpful to let his hand travel ahead toward the dish about to be sugared. This will not only give direction, but the height of the cup or dish toward which he is aiming.

Cutting meat is the most difficult operation for a person who cannot see to perform at the table. Most people who are well-informed on the subject agree that it is not an undue surrender of independence for this service to be done by someone else, especially if the knife is dull and the meal is to be eaten in public.

Hamburgers, veal cutlet, pork and ham are easier to cut than other meats and the beginner should start on these.

Food may be salted and peppered by dusting salt and pepper through the fingers extended over the dish. Other people prefer to pour the salt into the palm of the hand and scatter it.

In avoiding the use of the fingers a piece of bread may be used as a backstop in the left hand while the food is taken up onto the fork.



Learn by your mistakes. It is possible that you may discover something which will be of benefit to more than one patient.

A service is always capable of improvement. When the need for change is no longer apparent, it is in a state of stagnation. Those in charge of the Rehabilitation Service know this.

But improvement must be planned in order to do what it sets out to do. When you have an idea about something that ought to be done, talk it over with your immediate superior, not with the patient. In this way, if it is practical, it can be put into effect smoothly.

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